MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/553987

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6								56						
7								57						
8								58						
9								59						
10								60						
11		Ⓑ						61						
12		Ⓑ						62						
13		Ⓑ						63						
14	/							64						
15		/						65						
16		/						66						
17		Ⓑ						67						
18		Ⓑ						68						
19		Ⓑ						69						
20		Ⓑ						70						
21		Ⓑ						71						
22		Ⓑ						72						
23		Ⓑ						73						
24		Ⓑ						74						
25		Ⓑ						75						
26		Ⓑ						76						
27		Ⓑ						77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	⬇		⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP	26	⬅		⬅		⬅		TOTAL DEP		⬅		⬅		⬅
TOTAL CLAIMS	28							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)